

Foster Family Home - Deficiency Report

Provider ID: 1-230075

Home Name: Fraidah Ablao, CNA

Review ID: 1-230075-3

211 Kolekole Drive

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 7/29/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/29/24).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#4, HHM#1, HHM#3, and HHM#4.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- No Substitute Caregiver Disclosure Form completed by CG#2, CG#3, and CG#4.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN

Compliance Manager

F. Ablao

Primary Care Giver

7/29/24

Date

7/29/24

Date